

TexanPlus[®] HMO/HMO-POS/HMO-SNP

Medicare Advantage Health Plans

Provider Toolkit



2016 – 2017



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A Healthy Collaboration[®]

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Provider Toolkit

2016-17

Dear Healthcare Provider:

We truly appreciate the care and support you provide to your patients who are TexanPlus[®] HMO/HMO-POS/HMO-SNP members. We know you are busy, which is why we have packaged some helpful forms and materials into this convenient Provider Toolkit. This kit contains updated versions of the following items:

The Sample Letter from Physician to Patient

For your convenience, we have included a pre-written sample letter that you can customize and send to your TexanPlus HMO/HMO-POS/HMO-SNP patients who may be in need of medical services. To use this letter, save the file to your computer, type your updates into the editable fields, and print on your letterhead. It's that easy.*

**Note: to remain compliant with Federal guidelines, the wording in the Sample Letter from Physician to Patient must remain as written. When printing, please be sure to include the tracking number located on the bottom left corner of the page.*

The HEDIS Quick Reference Guide

Use this guide as a reference to code specific medical services. By coding properly, such as by using the appropriate ICD-10 codes for a patient's BMI index, you will help to reduce gaps through the claims system and reduce the potential for medical record requests.

The Fax Cover Sheet

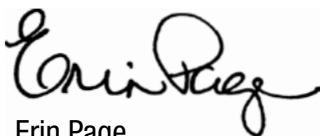
Use this fax form to submit medical records for an annual physical exam or quality measure documentation on behalf of your TexanPlus HMO/HMO-POS/HMO-SNP patient.

The Preventive Checklist Form for Physician Offices

This Checklist can be handed to your TexanPlus HMO/HMO-POS/HMO-SNP patients. It will remind them to ask you about their needed medical services.

We hope you find this Provider Toolkit to be helpful. If you should have any questions about how to use the items contained within this package, please contact a TexanPlus HMO/HMO-POS/HMO-SNP Provider Relations representative at 1-855-810-9726 and leave a message. Your call will be returned promptly.

Sincerely,



Erin Page
President, Medicare Advantage
TexanPlus HMO/HMO-POS/HMO-SNP

Dear <Member Name>:

I am writing to let you know that, according to our records, you are due for the following important medical services checked below:

- Annual physical exam
- Diabetes Screenings (may include the following):
 - Eye Exam
 - Blood Sugar Check (HbA1c)
 - Screening for Kidney Disease (Nephropathy)
 - Cholesterol Check (LDL)
- Blood Pressure Check
- Medication Review
- Body Mass Index (BMI)
- Bone Mineral Density Test (Test for Osteoporosis)
- Mammogram
- Colorectal Screening
- Rheumatoid Arthritis Management

Your health is very important to us, which is why we ask that you contact our office at <(xxx)xxx-xxxx> to schedule an appointment at your earliest convenience. If you have had any of these services at another location, please let us know when and where they were completed.

We wish you good health.

PCP HEDIS QUICK REFERENCE GUIDE For Primary Care Providers

HEDIS Measure	Measure Requirements	*Recommended Services
Adult BMI Assessment (ABA) <i>Hybrid Measure</i>	Patients 18 to 74 years old have a documented weight and calculated BMI in 2015 or 2016	BMI Z68.1, Z68.20- Z68.45
Breast Cancer Screening (BCS)	Female patients 50-74 years old have a mammogram to screen for breast cancer every 2 ¼ years, 10/1/2014 – 12/31/2016. Exclusion: Bilateral mastectomy any time during the patient's history through 12/31/2016	Mastectomy Z90.11 (Right) Z90.12 (Left) Z90.13 (Bilateral)
Colorectal Cancer Screening (COL) <i>Hybrid Measure</i>	Patients age 50-75 have a recommend screening for colorectal cancer in the appropriate timeframe <ul style="list-style-type: none"> • Fecal Occult Blood Test (FOBT) in 2016 - annually • Flexible Sigmoidoscopy between 2012-2016 - every 5 years • Colonoscopy between 2007-2016 – every ten years Not acceptable: digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE. Exclusion: Colorectal cancer or total colectomy any time during the patient's history through 12/31/2016	Fecal Occult Blood Test CPT: 82270, 82274 HCPCS: G0328 Exclusion Colon Cancer C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD on or between 7/1/2015 through 6/30/2016 Receive appropriate spirometry testing to confirm the diagnosis, 2 years prior to the COPD diagnosis through 6 months after the diagnosis	Spirometry 94010, 94104-94016, 94060, 94070, 94375, 94620
Pharmacotherapy Management of COPD Exacerbation (PCE)	Patients age 40 & older with a COPD exacerbation (as indicated by an acute inpatient discharge or ED encounter with a principal diagnosis of COPD) are dispensed appropriate medications <ul style="list-style-type: none"> • Corticosteroid within 14 days of discharge/ED visit • Bronchodilator within 30 days of discharge/ED visit 	Systemic Corticosteroids Glucocorticoids Bronchodilators Anticholinergic agents Beta 2-agonists Methylxanthines

*These services/codes can be used for gap closure/exclusion but the list is not exhaustive. A coding manual should be referenced for more details.

HEDIS Measure	Measure Requirements	*Recommended Services
<p>*NEW Medication Management for People with Asthma (MMA)</p>	<p>Patients age 18-85 with persistent asthma are dispensed appropriate medications that they remained on during the treatment period</p> <p>Treatment period - The period of time beginning on the earliest prescription dispensing date through 12/31/2016</p>	<p><u>Asthma Medications</u> Antiasthmatic combinations Antibody inhibitor Inhaled steroid combinations Inhaled corticosteroids Leukotriene modifiers Mast cell stabilizers Methylxanthines Short-acting, inhaled beta-2 agonists</p>
<p>Controlling High Blood Pressure (CBP) *Medical Record Review only</p>	<p>Patients with at least one outpatient visit with a diagnosis of hypertension from 1/1/2016 to 6/30/2016 have their blood pressure controlled during 2016</p> <ul style="list-style-type: none"> • Documentation of HTN in the medical record anytime during the patient's history on or before 6/30/2016 and • Most recent BP in 2016 after the diagnosis date is less than 140/90 mmHg 	<p>There is no administrative code that meets the requirement.</p> <p>The health plan will request the medical chart and the medical chart must contain documentation of the hypertension diagnosis from either</p> <ul style="list-style-type: none"> • An undated problem list • Visit note on or before 6/30/2016 <p>The Blood Pressure reading must come from a visit note after the diagnosis visit.</p>
<p>Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)</p>	<p>Patients 18 and older who were hospitalized with a diagnosis of a MI and discharged from 7/1/2015 to 6/30/2016 receive persistent beta-blocker for at least 6 months post hospital discharge</p>	<p><u>Beta-Blocker Medications</u> Noncardioselective beta-blockers Cardioselective beta-blockers Antihypertensive combinations</p>
<p>Statin Therapy for Patients with Cardiovascular Disease (SPC)</p>	<p>Patient males 21–75 & females 40–75 years of age identified as having clinical atherosclerotic cardiovascular disease (ASCVD) in 2014 or 2015</p> <ul style="list-style-type: none"> • <u>Received Statin Therapy</u> at least one statin of high or moderate intensity during 2016 • <u>Statin Adherence</u> remained on statin medication for at least 80% of the treatment period. Treatment period begins when statin prescribed till 12/31/2016. 	<p><u>Statin Medications</u> High-intensity statin therapy Moderate-intensity statin therapy</p>
<p>Comprehensive Diabetes Care (CDC) HbA1c Test/Result Hybrid Measure</p>	<p>Patients 18-75 years of age identified with diabetes (type I or II) in 2015 or 2016</p> <ul style="list-style-type: none"> • Have a result of $\leq 9.0\%$ for their the most recent Hemoglobin A1c (HbA1c) test 2016 	<p><u>HgbA1c Test</u> 83036, 83067 <u>HgbA1c Result</u> 3044F: $< 7/0\%$ 3045F :7.0% - 9.0%: 3046F: $> 9.0\%$</p>
<p>Comprehensive Diabetes Care (CDC) BP Reading Hybrid Measure</p>	<p>Patients 18-75 years of age identified with diabetes (type I or II) in 2015 or 2016</p> <ul style="list-style-type: none"> • Have a reading of $<140/90$ mm Hg for their most recent Blood Pressure reading in 2016 	<p><u>Systolic</u> 3074F: < 130 mm Hg 3075F: 130 mm Hg - 139 mm Hg 3077F: ≥ 140 mm Hg <u>Diastolic</u> 3078F: < 80 mm Hg 3079F: 80 mm Hg - 89 mm Hg 3080F: ≥ 90</p>

HEDIS Measure	Measure Requirements	*Recommended Services
Comprehensive Diabetes Care (CDC) Eye Exam <i>Hybrid Measure</i>	Patients 18-75 years of age identified with diabetes (type I or II) in 2015 or 2016 <ul style="list-style-type: none"> • Have a retinal or dilated eye exam by an optometrist or ophthalmologist in 2016 (any result) • Have a diabetic eye exam by an optometrist or ophthalmologist in 2015 that is negative for retinopathy An eye exam can be report by a PCP when there is documentation in the medical chart that an eye exam was performed/ reviewed by an eye care professional	Retinal or dilated eye exam reported by a PCP 3072F: No evidence of retinopathy in 2015 2022F: Dilated retinal eye exam in 2016 2024F: Seven standard field stereoscopic photos with interpretation in 2016 2026F: Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results in 2016
Comprehensive Diabetes Care (CDC) Nephropathy Management <i>Hybrid Measure</i>	Patients 18-75 years of age identified with diabetes (type I or II) in 2015 or 2016 receive one of the following medical attention for nephropathy in 2015 <ul style="list-style-type: none"> • Urine Protein Test • Nephropathy Treatment • ACE/ARB dispensed • CKD Stage 4, ESRD, Kidney Transplant 	Urine Protein Tests 81000 - 81003, 81005, 82042 - 82044, 84156, 3060F – 3062F Nephropathy Treatment 3066F: Documentation of treatment for nephropathy (e.g. Dialysis, ESRD, CRF, ARF, or renal insufficiency) 4010F: ACE/ARP therapy prescribed or currently being taken
Statin Therapy for Patients with Diabetes (SPD)	Patients age 40-75 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and who <ul style="list-style-type: none"> • Received at least one statin medication during 2016 • Remained on statin therapy for at least 80% of the treatment period. Treatment period begins when statin prescribed through 12/31/2016 	High-intensity statin therapy Moderate-intensity statin therapy Low-intensity statin therapy
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Patients 18 and older who diagnosed with rheumatoid arthritis in 2016 <ul style="list-style-type: none"> • Dispensed at least one prescription for a disease-modifying anti-rheumatic drug (DMARD) by claim or by pharmacy data 	DMARD 5-Aminosalicylates Alkylating agents Aminoquinolines Anti-rheumatics Immunomodulators Immunosuppressive agents Janus kinase (JAK) inhibitor Tetracyclines DMARD Medical claim J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310
Osteoporosis Management in Women Who Had a Fracture (OMW)	Women age 67-85 who had a fracture on or between 7/1/2015 and 6/30/2016 <ul style="list-style-type: none"> • Have a Bone Mineral Density (BMD) test within 6 months of fracture date • Receive Osteoporosis medication within 6 months of fracture date Exclusion: <ul style="list-style-type: none"> • Had (BMD) test during the 730 days (24 months) prior to the fracture • Received Osteoporosis medication during the 365 days (12 months) prior to the fracture 	Bone Mineral Density Test HCPCS: G0130 CPT: 76977, 77078, 77080-77082 , 77085 Osteoporosis Therapies Biphosphonates Other Agents: Calcitonin, Denosumab, Raloxifene, Teriparatide Osteoporosis Therapies Medical Claim J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051

HEDIS Measure	Measure Requirements	*Recommended Services
Annual Monitoring for Patients on Persistent Medications (MPM)	<p>Patients 18 and older taking ACE/ARB medications, digoxin, or diuretics, receive annual therapeutic monitoring. Any of the following during 2016 meet criteria:</p> <ul style="list-style-type: none"> • ACE/ARB <ul style="list-style-type: none"> – Lab panel test – Serum potassium test AND serum creatinine test • Digoxin <ul style="list-style-type: none"> – Lab panel test AND serum digoxin – Serum potassium test AND serum creatinine test AND serum digoxin test • Diuretics <ul style="list-style-type: none"> – Lab panel test – Serum potassium AND serum creatinine test 	<p>Lab Panel 80047, 80048, 80050, 80053, 80069</p> <p>Serum Potassium 80051, 84132</p> <p>Serum Creatinine 82565, 82575</p> <p>Digoxin 80162</p> <p>The tests do not need to occur on the same service date, only within 2016.</p>
<p>*NEW Medication Reconciliation Post-Discharge (MRP)</p>	<p>Discharges from 1/1/2015 –12/1/2015 for patients 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge</p> <p>Discharge medications reconciled with the current medication list in outpatient medical record. Only documentation in the outpatient chart meets the intent of the measure, but an outpatient visit is not required</p> <p>Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse</p>	<p>Reporting Code 1111F: Discharge medication reconciled with the current medication list in an outpatient medical record (can be submitted even if an office visit did not occur within the 30 days of discharge)</p> <p>Transitional Care Management Services 99495: Communication within 2 business days of discharge; by phone, email, or in person and a face-to-face visit within 14 days of discharge.</p> <p>99496: Communication within 2 business days of discharge; by phone, email, or in person and a face-to-face visit within 7 days of discharge</p>
<p>Potentially Harmful Drug-Disease Interactions (DDE) <i>lower rate is better</i></p>	<p>To prevent patients 65 and older with history of falls, dementia, and chronic kidney disease in 2015 or 2016 from taking medications that may increase the risk for complications</p> <ul style="list-style-type: none"> • <u>History of falls:</u> Anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines, or tricyclic antidepressants • <u>Dementia:</u> Antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H₂ Receptor Antagonists, nonbenzodiazepine hypnotics or anticholinergic agents • <u>Chronic kidney disease:</u> Cox-2 Selective NSAIDS or nonaspirin NSAIDS 	

HEDIS Measure	Measure Requirements	*Recommended Services
<p>Use of High-Risk Medication in the Elderly (DAE) <i>lower rate is better</i></p>	<p>To decrease the number of patients 66 and older who receive high-risk medications in 2016, 2 different criteria:</p> <ul style="list-style-type: none"> • At least one high-risk medication • At least two different high-risk medications 	<p>High-Risk Medications Anticholinergics (excludes TCAs), first-generation antihistamines Anticholinergics (excludes TCAs), anti-Parkinson agents Antithrombotics Cardiovascular, alpha agonists, central Cardiovascular, other (Disopyramide, Nifedipine, immediate release) Central nervous system, tertiary TCAs Central nervous system, barbiturates Central nervous system, vasodilators Central nervous system, other Endocrine system, estrogens with or without progestins; include only oral and topical patch products Endocrine system, sulfonylureas, long-duration Endocrine system, other Gastrointestinal system, other Pain medications, skeletal muscle relaxants Pain medications, other (Indomethacin, Ketorolac-includes parenteral, Meperidine, Pentazocine)</p> <p>High-Risk Medications With Days Supply Criteria >90 days Anti-infectives, other (Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals-monohydrate) Nonbenzodiazepine hypnotics (Eszopiclone, Zaleplon, Zolpidem) Nitrofurantoin Prescription Days Supply Criteria</p> <p>High-Risk Medications With Average Daily Dose Criteria Reserpine >0.1 mg/day Digoxin >0.125 mg/day Doxepin >6 mg/day</p>
<p>Non-Recommended PSA-Based Screening in Older Men (PSA) <i>lower rate is better</i></p>	<p>To perform PSA-based testing for men 70 years and older only when it is clinically appropriate.</p> <ul style="list-style-type: none"> • Prostate cancer diagnosis anytime in the patient's history. • Dysplasia of the prostate in 2015 or 2016. • A PSA test in 2015 where the laboratory data indicate an elevated result (>4.0ng/mL). 	<p>Prostate Cancer C61, D07.5, D40.0, Z15.03, Z85.46</p> <p>Prostate Dysplasia - N42.3</p>
<p>Antidepressant Medication Management (AMM)</p>	<p>Patients 18 years of age and older who were treated with antidepressant medication on or between 5/1/2015 and 3/30/2016, had a diagnosis of major depression and who remained on antidepressant medication treatment.</p> <ul style="list-style-type: none"> • Remain on an antidepressant medication for at least 84 days (12 weeks) • Remain on an antidepressant medication for at least 180 days (6 months) 	<p>Antidepressant Medications</p> <ul style="list-style-type: none"> • Miscellaneous antidepressants (Bupropion, Vilazodone, Vortioxetine) • Monoamine oxidase inhibitors • Phenylpiperazine antidepressants • Psychotherapeutic combinations • SNRI antidepressants • SSRI antidepressants • Tetracyclic antidepressants • Tricyclic antidepressants

Medical Record Submission/Member List

Please use this form when submitting medical records on behalf of your TexanPlus[®] HMO/HMO-POS/HMO-SNP patient, including documentation related to Annual Physical Exams and Quality Measures.

Instructions

- Type directly into the open fields or print the form and complete it by hand.
- Check each box that corresponds to the record you are submitting.
- Fax or e-mail the cover sheet and medical records as indicated below.

Physician Name: _____ Contact Name: _____

Total # of Pages: _____ Phone Number: _____

Member Name(s): First and last names/middle name or initial

- | | | |
|-----------|---|--|
| 1. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 2. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 3. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 4. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 5. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 6. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 7. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 8. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 9. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 10. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |

Submission of Medical Records

- | | |
|--|---|
| <ul style="list-style-type: none"> • Annual Physical (H&P) Program: – Fax #: 713-838-346 – Email: RiskAdjustment@UniversalAmerican.com | <ul style="list-style-type: none"> • Quality Measure Documentation (PQPP/HEDIS): – Fax #: 844-879-4412 – Email: QualityMeasures@UniversalAmerican.com |
|--|---|

CONFIDENTIALITY NOTICE: The attached information to this facsimile transmission is CONFIDENTIAL and is intended only for the use of the recipient(s) identified above. It may contain confidential and protected health information subject to privacy regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you are not the intended recipient or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED.

2016 Preventive Screenings Checklist

Getting preventive care is one of the best ways to Live Healthy. Your plan covers the important screenings, tests, and immunizations included in this checklist. Talk to your doctor about which ones apply to you. Use this checklist throughout the year to record your exam dates, upcoming appointments and more.

Screenings/Test/Treatment	Recommended Frequency	Date Completed	Next Due Date	Appointment Scheduled	Doctor Contact Information
Controlling Blood Pressure	Annually			Date: _____ Time: _____	
Colorectal Cancer Screening: Fecal Occult Blood Test	Annually			Date: _____ Time: _____	
Comprehensive Diabetes Care (Includes the Retinal, Nephropathy, Hemoglobin A1c screenings)	Annually			Date: _____ Time: _____	
Breast Cancer Screening	Annually			Date: _____ Time: _____	
Pap Test and Pelvic Exam	Every 1–2 years			Date: _____ Time: _____	
Prostate Cancer Screening	Annually			Date: _____ Time: _____	
Flu Vaccine (Nasal or Shot)	Annually			Date: _____ Time: _____	
Medicare Wellness Visit	Annually			Date: _____ Time: _____	
Bone Mass Measurement	Every 2 years			Date: _____ Time: _____	
Colorectal Cancer Screening: Colonoscopy	Every 2–10 years			Date: _____ Time: _____	
Pneumococcal Shot	You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.			Date: _____ Time: _____	

If you have any questions about your plan, please call Member Services at the number listed on the back of your Member ID card.

TexanPlusSM HMO, TexanPlusSM HMO-POS, and TexanPlusSM HMO-SNP are Medicare Advantage plans with a Medicare contract and TexanPlusSM HMO-SNP contracts with the State Medicaid Program. Enrollment in these plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

